



APPLICATION FOR ENROLLMENT

First Presbyterian Church • 219 East Bijou Street, Colorado Springs, CO 80903 • 719-884-6130

Office use only: enrollment date _____

Child's Name _____ Date of Birth _____

Primary Address _____

(Where child lives most of the time)

Father's Name _____ Cell/Home Phone _____

Employer's Name _____ Phone _____

Employer's Address _____

Mother's Name _____ Cell/Home Phone _____

Employer's Name _____ Phone _____

Employer's Address _____

Total Household Annual Income _____

Office use only (Current family situation)

Other children living in household – please list name and age

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

If your child has previously been in another preschool or Head Start, please indicate when and where

Physical and/or emotional traits about your child that the Director should know about

Why would you like your child to attend Get Set?

SIGNIFICANT HEALTH CONCERNS

Please check all that apply and add details:

- Allergies _____
- Asthma _____
- Behavior Concerns _____
- Chronic Health Problems _____
- Developmental Delays _____
- Diabetes _____
- Seizures _____
- Other _____